



Houston Health Department

Consumer Health Services Bureau

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APPLICATION FOR FOOD SERVICE MANAGER'S CERTIFICATE – PLEASE PRINT CLEARLY

Date:

Name:
First Initial Last

☐ Preferred Home Address
Street Apt. City State Zip

Home Phone: DOB

Male: ☐ Female ☐

☐ Preferred Name of Business:

Business Address:
Street Address Suite City State Zip

Business Phone: Signature:

**PLEASE MAKE YOUR CASHIER'S CHECK, MONEY ORDER, OR BUSINESS CHECK PAYABLE TO:
HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES
PERSONAL AND TEMPORARY CHECKS ARE NOT ACDEPTED**

DO NOT WRITE BELOW THIS LINE

Date Cert. Starts: Ends: Check/M.O. #:

☐ **Duplicate Food Service Manager's Certification (\$28.50)**

Existing City of Houston Certificate #: Expires: \$

☐ **Course Exemption by Reciprocity (\$39.90)**

Certificate #: Expires: \$

Approved by: Total: \$

SIGNATURE